

DUMONT BOARD OF RECREATION COMMISSIONERS
80 W. MADISON AVENUE
DUMONT, N.J. 07628
201-384-1453
recreation@dumontboro.org

Coaching Requirements for Dumont Recreation

1. Coaching Certification:
 - Attend class sponsored by Dumont Recreation, instructed by Rutgers Certified Instructor
 - If you cannot attend a Dumont Recreation sponsored class you will be given a list of locations, dates and times of Rutgers certification classes-you will be responsible for the cost.
2. Fingerprint and Background Check:
 - See attached packet for instructions
 - Must wait for clearance prior to coaching
3. NFHS Concussion On-line Certification
 - See attached packet for instructions
 - Once you have completed the course, print out the certificate and forward to the Recreation office
4. Coaches Code of Ethics
 - See attached packet
 - Read, sign and return to the Recreation office

**IF ALL FOUR REQUIREMENTS ARE NOT MET PRIOR TO START OF SEASON
YOU WILL NOT BE PERMITTED TO COACH.**

(1) Originating Agency Number (ORI #) NJ920610Z		(2) Category YSB		(3) Statute Number 15A:3A-1	
(4) Reason for Fingerprinting YOUTH SERVING ORGANIZATION VOLUNTEER				(5) Document Type VB1	(6) Payment Information \$21.45
(7) Contributor's Case # (Unique Identifier) B13003				(8) Miscellaneous	
(9) First Name		(10) MI		(11) Last Name	
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)		(14) Date of Birth	(15) Height
(16) Weight		(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)	
(19) Country of Citizenship					
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color		(23) Eye Color	
(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown					
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
Employer Address		City			
State		Zip			
Identification Requirement - Acceptable identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover, and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.70) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.70) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

IDG_NJAPP_020115_V2

NFHS CONCUSSION COURSE

To address the seriousness of Concussions and educate coaches “Concussion in Sports-What You Need to Know” test can be taken on the NFHS website:

<http://www.nfhslearn.com/index.aspx>



Dumont Board of Recreation Commissioners

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Borough of Dumont, NJ 07628
(201) 384-1453
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COACHES CODE OF ETHICS & CONDUCT

The Code of Ethics may be successful and achieved through the positive behavior and attitude of the coaches in competitive games and organized coaching.

To uphold sportsmanship in athletics, the objectives of a coach are to:

- *Treat all players with respect.*
- *Inspire in the athletes a love for the game and a desire to compete fairly.*
- *Develop a need for sportsmanlike conduct.*
- *Develop control over emotions and speech.*
- *Instill a spirit of cooperation and team play.*
- *To uphold an obligation of honesty and fair practice in the pursuit of athletics.*

It is the duty and responsibility of all coaches to uphold these objectives:

- *Teaching the players to play within the rules.*
- *Exercising self-control by developing courage in defeat, tolerance and modesty in victory.*
- *Respecting the judgment and interpretation of the rules by officials.*
- *Prohibiting the use of profanity and the harassment of opposing players.*
- *Exercising close supervision of all players from the time they are scheduled to arrive to the time they are dismissed by the coach.*
- *Giving all children an opportunity to develop their skills by providing adequate playing time.*
- *Establish a practice of shaking hands immediately following each game in a sportsmanlike manner.*
- *Prohibiting the use of tobacco (tobacco products) and alcohol at all recreation sponsored games and events.*
- *Assist referees with fans exhibiting unruly conduct. If a fan or fans must be removed per the referee's decision, it is the duty of both coaches. If problem gets out of hand call police at 911.*
- *Fans that have been ejected must go to the parking area or stay away from the rink, field or court minimum of 50 feet (whichever is further).*
- *Coaches must stay at the place of competition until all players have been accounted for and have rides home (particularly when at away games).*

The intent of the Code of Ethics is self-evident. The Recreation Director, Recreation League Liaison and the Recreation Chairman will review violations.

- *All participants, including coaches, players, officials and parents may file an ethics infraction against a coach.*
- *The grievance must be in writing and include the coach's name, the date of the complaint and the ethics infraction and any other information important to the league.*

Upon receiving the complaint the Recreation Department will meet with the concerned parties to discuss the grievance and issue one of the following actions:

- *Warning to coach.*
- *Suspension from the next scheduled game and further review by the Commission on the Code of Ethics.*
- *Expulsion from coaching in any Dumont Recreation sponsored league and activity.*

**I have reviewed the Code of Ethics and assume responsibility for all the objectives.
I also understand that any decision made by the league is final.**

Signature of Coach: _____

Dated: _____

Please Print Name: _____